

Counseling & Care Extender Protocol Training

Interview Exercise Patient Case Scenarios

Smoking

1. 20-year-old airman who started smoking in junior high and is not interested in quitting.
2. 18-year-old airman who just picked up the smoking habit at his first duty assignment.
3. 35 year old TSgt who has been smoking for 20 years, but has recently been thinking about quitting, but isn't sure yet, and doesn't know how to go about doing so.
4. 40 year old LtCol who has been trying unsuccessfully to quit smoking on his/her own for years. He/she would still like to quit, but doesn't believe he/she can do it.
5. 50 year old Col, who has been smoking for 30 years, recently suffered several bouts of colds/pneumonia landing him/her in the hospital twice.
6. 27 year old SSgt who started smoking 6 years ago. Quit while she was pregnant twice, but started again after both deliveries.
7. 35 year old smoker who complains of feeling weak around mid-day, persistent cough, recent weight loss.

Diet/Nutrition

8. 22 year old, athletic, female 1Lt in extreme good health who is a dedicated vegan, and won't even consume dairy products. He/she is very interested and proactive in maintaining her health.
9. 30 year old Capt with high cholesterol who is TDY 250 days of the year and eats at a lot of fast-food restaurants. He/she knows he should eat better, but he's not sure how with his schedule.
10. 26 year old SSgt bodybuilder who uses a range of dietary supplements to increase his strength and maintain his/her health.
11. 33 year old female Capt who is > 120% ideal body weight and > 28 on body mass index measurement. He/she has tried several recently popular diets but none have been successful.
12. 35 year old MSgt who has yo-yoed up and down 30 lbs. or more over the past 3 years. Recently gave up on dieting and exercise due to the threat of administrative separation.

13. Active duty member with a family history of coronary heart disease (CHD) and heart attack. Presents with elevated cholesterol, exceeding weight standards, and no current exercise regiment.

Exercise

14. 19 year old airman who lifts weights at the gym 5 nights per week for 2 hours.
15. 30 year old Capt swimmer who hasn't been in the pool in the past 8 months due to a shoulder injury. Knows he/she is out of shape and feels guilty.
16. 37 year old Major who is barely within weight standards. Says he/she wants to work out but because of his job he/she has no time.
17. 29 year old SSgt who did poorly on the bike test. He/she reports being too self-conscious to work out or take classes at the gym.
18. 50 year old Col who wants to start an exercise plan in the next month, but has some concerns about his current physical capabilities.
19. A 43-year-old active duty member taking heart medications (beta-blockers) is on a profile exempting him/her from aerobic activity and cycle testing. Request alternative workout plans to stay fit.

Care Extender Protocol Scenarios

1. A 32 yr. old male with a 10 yr. hx, of smoking reports to the clinic with a productive cough , nasal congestion and sinus pain.
2. The star of the base basketball team reports to the clinic after a playoff game complaining of left foot pain with the inability to bear weight on this foot.
3. The Wing Commander has accessed the Nurse Triage line for assistance with his very active diarrhea. The Nurse schedules him for the first available acute appointment.
4. You are screening a 40 yr. old MSgt who is being evaluated for an upcoming surgical procedure. During the screening you find that his Body Mass Index is 27, he has a family hx. of coronary artery disease and his father died of a heart attack. When you inquire if he has ever been told what his cholesterol test performed, he says, "Cholesterol, Never heard of it....I know I've never had that done."
5. A 21yr. old Airman reports to the clinic requesting to be seen by a Dr. because he has a sore throat.

Deliverable

1. Medical Tech performs counseling in conjunction with PHA.
 2. Medical Tech completes S of SOAP entry using Care Extender Protocols
 3. Team Provider and Nurse provides guidance and education through role-playing.
 4. Provider and Nurse ensure Med Tech understands when a patient should be immediately referred.
 5. Identify ways the PHA counseling and Care Extender Protocols can be used to help to optimize patient care at your medical facility
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Facilitator Notes

Background: Care Extender Protocols are essentially evidence based clinical practice guidelines adopted for use in the ambulatory care arena. Some involve a series of questions with a minor physical assessment (Sore throat/Ankle Rules) that RNs/Techs can initiate, which would allow for certain procedures/tests to be carried out before an individual even sees a provider. Some of the care extenders were developed to assist in managing some of the top ten acute diagnoses in our clinic. These were developed in accordance with American Medical Association's patient self-help book. They were reviewed and approved by executive committee of the medical staff. (ECOMS)

These tools helped optimize the provider patient encounter time by **extending** the provider by increasing the roles of the nurses/technicians, thus the name care extender.

Some of the resources used include:

Cholesterol: National Cholesterol Education Program from National Heart, Lung and Blood Institute

Hypertension: Joint National Conference on Screening Diagnosis/Treatment of Hypertension 6. Ottawa Ankle rules was published in JAMA (Ottawa rules for x-rays in acute ankle injuries. (determines yes/no x-ray)

Sore Throat: Reconsidering the Clinical Approach to Sore Throat>Dept. of Family Medicine, Stratford General Hospital, Ontario Canada.

http://nirv.mcmaster.ca/ohcen/groupd/ices/sore_e.htm

These particular care extenders allow the techs. To review subjective complaints with a patient and also obtain a general impression objectively.

They can complete the S and the very first part of the O of SOAP.

Nurses can use these forms for Triage and can send the patient's home on self-care if their protocols indicate.

Med techs are properly trained and verified for competency. The tasks are added to AF Form 797 and are inserted into their CFETP.

RNs can appropriately document this training in their 268X series and add to their Continuing Education Folder

Additional resources for training include the Barbara Bates Guide to Physical Examination. 3rd edition (Bates)